

CONSUMER/CLIENT NAME: \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_

HOMEMAKER BASIC       HOMEMAKER ENHANCED

HOMEMAKER DUTIES:		Date	SUN	MON	TUES	WED	THUR	FRI	SAT
Week of _____ - _____									
Time In									
Time Out									
Hours									
Consumer/Client Initials									
Clean Kitchen	<input type="checkbox"/> Vacuum								
	<input type="checkbox"/> Sweep/Mop								
	<input type="checkbox"/> Dusting								
	<input type="checkbox"/> Clean Appliances								
	<input type="checkbox"/> Wash Dishes								
	<input type="checkbox"/> Trash								
	<input type="checkbox"/> Other:								
Shopping/Errands									
Put Groceries Away									
Clean Living Area	<input type="checkbox"/> Vacuum								
	<input type="checkbox"/> Sweep/Mop								
	<input type="checkbox"/> Dusting								
	<input type="checkbox"/> Other:								
Clean Bedrooms	<input type="checkbox"/> Vacuum								
	<input type="checkbox"/> Sweep/Mop								
	<input type="checkbox"/> Dusting								
	<input type="checkbox"/> Making Beds								
	<input type="checkbox"/> Change Linens								
<input type="checkbox"/> Other:									
Clean Bathrooms	<input type="checkbox"/> Sweep/Mop								
	<input type="checkbox"/> Dusting								
	<input type="checkbox"/> Sink								
	<input type="checkbox"/> Bathtub/Shower								
	<input type="checkbox"/> Toilet								
<input type="checkbox"/> Other:									
Laundry	<input type="checkbox"/> Wash								
	<input type="checkbox"/> Fold								
	<input type="checkbox"/> Other:								
Maintenance	<input type="checkbox"/> Inside:								
	<input type="checkbox"/> Outside:								
	<input type="checkbox"/> Other:								
Management	<input type="checkbox"/> Finances/Bills								
	<input type="checkbox"/> Organization								
	<input type="checkbox"/> Other:								
Other:									

Consumer/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_